DMV-44-TR Rev. 06/20



⊤Renewal

□ New

CURRENT LICENSE PLATE NUMBER, IF RENEWING VIN NUMBER								CLASS:	EXPIRATION DATE:	PLATE NUMBER:
MAKE	YEAR	WEIGHT	BODY STYLE		TITLE NUMBER		OWNER'S STATEMENT OF INSURANCE			
							DRIVING WITHOUT AUTO IN			
NAME(S) EXACTLY AS SHO										
CHECK THIS BOX IF YOUR ADDRESS HAS CHANGED							NAME OF INSURANCE COMPANY			
CURRENT STREET ADDRESS / MAILING ADDRESS NAME OF							NAME OF INSURANCE AGENT			
CITY	COUNTY	ITY			ZIP	POLICY NUMBER				
							VALID / / TO:	/ /	NAIC NUMBE	- D
I hereby state, under penalty of i							false sweari			
CLASS A REGISTRATION FEES & INSTRUCTIONS (For <u>non-alternative fuel</u> cars and trucks under 8,001 lbs. GVW, standard) (hapters 17A at							Chapters 17A and D of the West 1	/irginia Code	that there is in	effect a MOTOR
All vehicle insurance information Make your selection below: MAIL TO: must be completed. Your personal						VEHICLE LIABILITY POLICY upon with provisions of the West Virgi		e described herein	, in accordance	
property tax receipt or exemption \$\bigs\tau_{\text{s}} \frac{\text{\$51.50 for ONE Year}}{\text{\$4000}}\$, ,	
from your county courthouse must			03.00 for T\	NO Years	PO I	Box 17110	(X) OWNER SIGNATURE		DA	/ /
be enclosed.		Add \$10.00 for Scenic Plate			Cha	rleston, WV 25317			DA	/ /
Want to contribute to the WV Department of Veterans Assistance? AMOUNT: ■\$5 ■\$10 ■Other:							(X) OWNER SIGNATURE		DA	TE /